# **Application For Employment**

**City of Bloomington Employee Services Department** 401 N. Morton Street, P.O. Box 100 Bloomington, IN 47402 (812) 349-3404 (812) 349-3446 Fax (812) 349-3539 Job line www.city.bloomington.in.us

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, number of dependents, or any other legally protected status.

Reasonable accommodations to people with disabilities available upon request to Employee Services.

<del>-</del> •		
 Name		
(Last)	(First)	(Middle)
Social Security #:	Today's D	ate:
Address:		
City	State	Zip Code
Telephone(s):		
E-mail (optional):		
Have you ever been emplo	oyed by the City of Bloomington?	□ Yes □ No
If	Yes, give date & department	
On what date would you b	be available to work?	
country because of Visa o	awfully becoming employed in this r Immigration Status?  igration status will be required upon employment.	□ Yes □ No
with, any crime or has you	of, or are you currently charged ar driver's license been suspended?	□ Yes □ No

## **Education**

	NAME	CITY	DEGREE/ MAJOR
High School/GED			
Business/ Trade School			
College			
Graduate/ Professional			
Speci	al Skills		
applying for	professional positions.)		
Do you have	a valid:		
	Driver's license? Commercial Driver's License ( Some positions do not require a driver's licen employment.	$\Box$ Yes $\Box$ No $\Box$ Yes $\Box$ No $\Box$ See. If you do not have a valid driver's license, that	Type:
List professio	onal, trade, business or civic activ	vities and offices held.	
Have you eve		the United States Military?	es 🗆 No

**Employment History** 

	<u> </u>		
	Company Name:		Telephone:
	Address:		Employed - (State month and year) From To
1	Supervisor:		Weekly pay Start Last
	List Job Title & Duties:		Reason for Leaving:
	Company Name:		Telephone:
	Address:		Employed - (State month and year) From To
2	Supervisor:		Weekly pay Start Last
	List Job Title & Duties:		Reason for Leaving:
	Company Name:		Telephone:
	Company Ivame.		тегерионе.
	Address:		Employed - (State month and year) From To
3	Supervisor:		Weekly pay Start Last
	List Job Title & Duties:		Reason for Leaving:
Wa may	contact the employers listed above	DO NOT CONTACT	
	ou indicate those you do not want us to	Employer Number(s)	Reason

### References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME & OCCUPATION	ADDRESS	TELEPHONE

Applications will be screened after the closing date of the job posting. ONLY THOSE APPLICANTS TO BE INTERVIEWED WILL BE CONTACTED. Applications are kept on file for six months. If you wish to apply for any future job openings, you may contact Employee Services to have your application pulled and submitted. All available job vacancies are advertised in the Herald Times, posted on the bulletin board in the Employee Services Department, City of Bloomington website at <a href="https://www.city.bloomington.in.us">www.city.bloomington.in.us</a> and on the job line at (812) 349-3539.

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that all information provided in this Application for Employment is true, correct and complete. I understand that any misrepresentation or omission of facts is sufficient reason for rejection of this application or termination of subsequent employment. Except as indicated on page three of this application, I authorize the City of Bloomington to investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to the City.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DATE	SIGNATURE
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